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ABSTRACT

This report discusses a project designed to replicate a five-step model of inservice training which will help early intervention teams provide more family-centered, transdisciplinary service delivery. During 1995-1998, the Trans/Team Outreach program provided training and technical assistance to early intervention teams in eight states and Washington, D.C. The project had three goals: (1) to ensure that outreach activities and the replication of the Trans/Team model are of assistance to lead agencies in accomplishing full implementation of early intervention services in each state in which the project operates; (2) to increase awareness of and use of the Trans/Team model and its products through dissemination activities; and (3) to replicate the Trans/Team model of transdisciplinary inservice training with local early intervention teams. The steps to the five-step model of inservice training include an individualized needs assessment process, training and technical assistance, planning for change, technical support for change, and verification and feedback of change. Evaluation of the project indicates that the program made a significant contribution to current practices at the community and state levels. Appendices include information on replication sites and awareness activities, sample evaluation instruments, and changes made in service delivery practices. (Contains 23 references.) (CR)

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Trans/Team Outreach

An In-service Model Replication Project

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Final Report

Early Education Program for Children with Disabilities
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II. ABSTRACT

Trans/Team Outreach
An Early Education Program for Children with Disabilities Project

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The purpose of Trans/Team Outreach is to replicate a five-step model of in-service training which is designed to help early intervention teams provide more family-centered, transdisciplinary (TD) service delivery. The Trans/Team model of in-service training, based on literature regarding successful program change, has been developed and replicated by a wide variety of agencies. Trans/Team Outreach has provided training and technical assistance to early intervention teams from a variety of geographic and administrative settings. Evaluation data collected from more than 100 early intervention teams, in more than ten states, indicates significant program change as a result of the training, offering clear evidence of the effectiveness of the model increasing team use of family-centered, TD practices.

During 1995-1998, Trans/Team Outreach provided training and technical assistance to early intervention teams in nine states including: Texas, Pennsylvania, Virginia, Maryland, Tennessee, Washington, D.C., Mississippi, New Jersey, and New Hampshire. The project worked in close coordination with lead agencies in states that have requested the assistance of the project. The project had three goals:

Goal 1: To ensure that outreach activities and the replication of the Trans/Team model are of assistance to lead agencies in accomplishing full implementation of Part H/C in each state in which the project operates.

Goal 2: To increase awareness of and use of the Trans/Team model and its product through dissemination activities.

Goal 3: To replicate the Trans/Team model of transdisciplinary in-service training with local early intervention teams.

The Trans/Team Outreach uses a five-step model of in-service training that begins with an individualized needs assessment process to determine team training needs in family-centered services, the TD approach to service delivery, and team interaction. Teams participate in on-site training and technical assistance leading to knowledge and skill development related to the family-centered, TD approach. Trans/Team curriculum materials, selected to meet the individualized team needs, are grouped in nine content areas: Transdisciplinary Approach to Service Delivery, Family-Centered Service Systems, A Team Approach to Assessment, Family-Centered Individualized Family Service Plan (IFSP) Process, IFSP Implementation and Service Coordination, Interagency Collaboration, Building Successful Early Intervention Teams, Serving Children in Natural Settings, and Serving Children and Families in Culturally Competent Contexts.

Immediately after training, teams develop action plans for change. In follow-up, teams receive technical support for implementing their action plans. Sites participate in evaluation of the training as well as evaluation of the in-service model. Trans/Team provides each team with resources to help orient new staff and families to a family-centered, TD approach.

Trans/Team Outreach is a project of Williamsburg Area Child Development Resources, Inc. (CDR) in Norge, Virginia. CDR is a nationally recognized private, nonprofit agency that provides services for young children and their families, and training and technical assistance to state and local agencies interested in improving the quality and availability of early intervention and early childhood services.

IV. Trans/Team Goals and Objectives

Goal 1: To ensure that outreach activities and the replication of the Trans/Team model help lead agencies accomplish full implementation of Part H (now Part C) in each state in which the project operates.

Objectives:

1.1 Establish and/or continue working relationships with lead agencies in states requesting outreach services.

1.2 Coordinate training and technical assistance for local early intervention teams (sites) with state lead agency.

1.3 Assist states with other training and technical assistance through outreach activities, as appropriate.

Goal 2: To increase awareness of and use of the Trans/Team model and its products through dissemination activities.

Objectives:

2.1 Prepare and distribute project awareness materials.

2.2 Disseminate Trans/Team information and materials to national, state, and local audiences.

2.3 Revise materials to reflect changes in the field and Part H reauthorization.

2.4 Develop and disseminate a new project product.

Goal 3: To replicate the Trans/Team model of TD in-service training with local early intervention teams.

Objectives:

3.1 In coordination with contact person for Part H (now Part C) in each state, identify and select replication sites, with priority given to teams located in EC/EZs.

3.2 Plan and obtain commitment for replication activities with local sites.

3.3 Help teams identify their needs for training and technical assistance and develop individualized training plans.

3.4 Plan, negotiate, and prepare for in-service training with team.

3.5 Replicate the Trans/Team in-service model with local teams through individualized training and technical assistance.

3.6 Develop written action plan for change with each team.

3.7 Provide technical support for change and monitor team progress toward completion of the action plan.

3.8 Evaluate changes in team practice replication process.

V. Theoretical Framework for the Project

Part C of the Individuals with Disabilities Education Act (IDEA) requires an coordinated, collaborative, family-centered, team approach to service planning and delivery. As states and communities have searched for improved ways to implement a family-centered team approach, the transdisciplinary (TD) approach is increasing in popularity (Bergen, 1994). The TD model is valued for the methodology, support and encouragement it offers for the new roles of and partnerships between providers and families (Bagnato & Neisworth, 1991; Bruder, 1993; Garland, McGonigel, Frank, & Buck, 1989; McGonigel, Woodruff, & Roszmann-Millican, 1994). The TD model is also valued for its efficient use of personnel, often in short supply (Hebbler, 1994).

Transdisciplinary is defined as "of, or relating to a transfer of information, knowledge, or skills across disciplinary boundaries" (United Cerebral Palsy, 1976). The process of role transition, i.e. the transfer of knowledge and skills among team members, requires TD teams to operate in a highly interactive context acknowledging, respecting, and supporting the role of each person on the team, most importantly, that of the family (Garland, 1994; McGonigel, Woodruff, & Roszmann-Millican, 1994). "Most teams need to work up to engaging" in the complex and sometimes threatening application of role transition (Orelove, 1994, p. 38).

Because participation on the TD team requires a high level of team interaction, it is most successful when team members' pre-service or in-service training has included training in teamwork (Thorp & McCollum, 1994). However, **pre-service education has not typically provided early intervention professionals with training in teamwork**. Teachers, therapists, and health care professionals who have been well trained in their own disciplines often lack skills needed for successful team interaction (Bailey, 1989; Thorp & McCollum, 1994). Unfortunately, few professionals in health care, education, or human services have had the opportunity to learn the skills needed to build, maintain, participate on, or lead successful family-centered, TD intervention teams. Bruder and McLean (1988) found that only 10% of personnel preparation programs required course work in team process. Bailey, Simeonsson, Yoder, and Huntington (1990) reported that the undergraduates trained across eight early intervention disciplines received only 8.6 clock hours and the average graduate student only 11.4 clock hours of instruction in teamwork.

Lack of pre-service training in teamwork is mirrored by **lack of in-service training and staff development opportunities in community-based programs** (Bailey, 1987). Community teams need help in developing procedures for a team approach to assessment, IFSP planning, and service coordination, and for the basic team processes of communication, coordination, problem solving, and conflict resolution.

Professionals in research, personnel preparation, and practice have all recognized that training in team process is likely to yield the greatest immediate impact on the provision of quality early intervention services (Bailey, Simeonsson, Yoder, & Huntington, 1990) and must become an urgent priority for the field of early intervention (Gallagher, Shields, & Staples, 1990). "People are being asked to do a job they have never had to do before, and they should not be asked to do it without the provision of appropriate training" (Gallagher, Shields, & Staples, 1990). In fact, without a well-prepared cadre of professionals and support personnel, the intent of the legislation to provide quality services for young children with special needs will be seriously impaired.

With all states now implementating the Part C program, the challenges of implementing a coordinated, family-centered system of early intervention services are clear. An urgent and unmet need for proven models of in-service training to prepare early intervention teams to provide family-centered, TD services persists. Without access to proven models of in-service training for early intervention teams, the states are seriously limited in their capacity to serve young children with disabilities and their families. Trans/Team Outreach responds to that need by offering replication of a proven model of in-service training.

Trans/Team Approach to the Problem

A critical issue related to in-service training is the extent to which training results in **real change** in professional practice (Bailey & Palsha, 1992; Guskey, 1986). The importance of Trans/Team Outreach rests on both an understanding of the value of a family-centered, team approach to early intervention and on the critical need for proven models of in-service training that result in measurable changes in professional and service delivery practice. Trans/Team provides states and localities with a model of in-service training that increases the extent to which team members use a family-centered, TD approach to assessment, Individualized Family Service Plan (IFSP) development, and service coordination.

The Trans/Team model was developed in 1986, by Child Development Resources, Inc. through a Handicapped Children's Early Education Program (HCEEP) in-service training project, developed and field-tested in 6 states with 18 early intervention programs. Between 1989 and 1998, over 100 teams in more than 10 states have replicated the model. In coordination with lead agencies in nine states, Trans/Team identified at least one team in each state including those located in **Empowerment Zones and Enterprise Communities**. The model has been successfully used in rural and urban areas, and in communities comprised of culturally and racially diverse groups including Hispanics, African-Americans, Native Americans, and Alaskan natives. The in-service training model builds on the individual resources of each team, accounting for its high degree of adaptability and replicability across settings. A brief description of each team replicating the model during 1995 and 1998 is listed in **Appendix A.**

Trans/Team's model of in-service training, described in Section IV, results in changed team practices: changes in the extent to which a team is TD and family-centered in its approach to assessment, IFSP, and service coordination and, when needed, changes in team functions such as, team interactions in goal setting, communication, conflict resolution. Teams study state-of-the-art TD team practices, compare those practices with current service delivery, and engage in a team process of planning for change.

Project procedures are based on the organizational literature that indicates that change is successful when it is educational, planned, collaborative, and gradual (Bennis, Benne, Chin, & Corey, 1976) and that adults learn when:

- they feel a need to learn,
- they are helped to diagnose the gap between their aspirations and their present performance,
- activities are designed and implemented to close that gap, and
- learning is evaluated and new learning needs identified (Knowles, 1980).

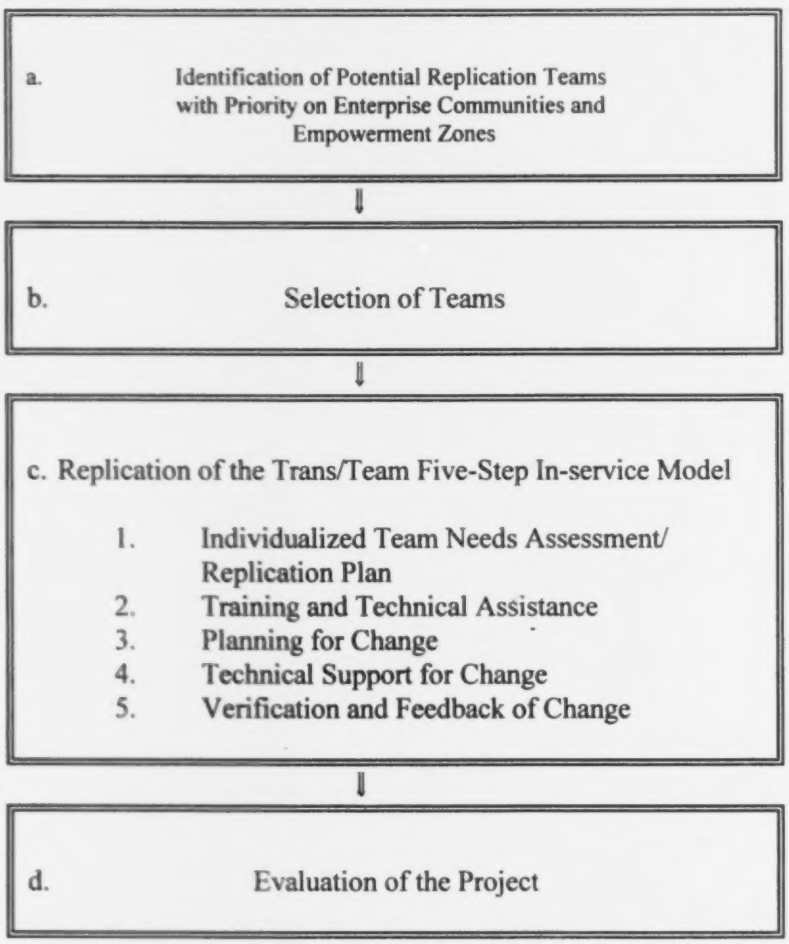
All of the criteria for successful change are embodied in Trans/Team's approach to altering service delivery practice. Trans/Team Outreach staff act as change agents whose responsibilities "entail the involvement of clients in an analysis of aspiration and changes required to achieve them . . . and the planning of an effective strategy for accomplishing the desired results" (Knowles, 1980, p. 37).

VI. Description of the Trans/Team Outreach Procedural Framework and Five-Step Model of In-service Training

Trans/Team Outreach has designed a procedural framework for project operation outlined in the flow chart shown in **Figure 1**. Each procedure is discussed below.

Figure 1

TRANS/TEAM OUTREACH PROCESS


a. Identification of Potential Replication Teams with Priority on Enterprise Communities and Empowerment Zones
b. Selection of Teams
c. Replication of the Trans/Team Five-Step In-service Model
1. Individualized Team Needs Assessment/ Replication Plan
2. Training and Technical Assistance
3. Planning for Change
4. Technical Support for Change
5. Verification and Feedback of Change
d. Evaluation of the Project

1. Identification of Potential Replication Sites

The project has developed strong working relationships with the lead agencies in states in which we have worked. In each state, project planners, in collaboration with lead agencies, identified early intervention teams wishing to replicate the Trans/Team model. Outreach agreements developed with each state lead agency specified the roles of the project and the lead agency in identifying

potential replication teams. Lead agencies chose one of three strategies for site selection: 1) the lead agency identified specific teams wanting or needing outreach assistance; 2) the lead agency sent a mailing to teams inviting their participation in replication training; or 3) Trans/Team mailed information to teams describing the project and its collaboration with the lead agency.

In each state in which the project has worked, outreach staff worked with the lead agency to identify a primary contact person to develop and carry out a plan for outreach assistance. A written outreach agreement specifying roles of the project and lead agency in identifying potential replication sites as well as fiscal support for project travel and dissemination of information. Lead agency personnel were also invited to participate in on-site training as well as evaluation activities.

2. Selection of Replication Sites/Teams

Trans/Team staff worked in collaboration with the state lead agencies to select replication teams. The project has a well-developed set of criteria **(Figure 2)** to help states and project staff select replication sites from among the teams expressing interest.

Figure 2

CRITERIA FOR SITE SELECTION

- Site selection made in coordination with the state lead agency, with priority given to early intervention teams located in designated Enterprise Communities or Empowerment Zones.
- Site support for in-service training and for implementing a family-centered, transdisciplinary approach to service delivery.
- Site commitment of staff time, including the coordinator of the program or equivalent position, for training.
- Site commitment to invite family participation in on-site training and to provide support for travel and child care for at least one parent.
- Site commitment to make training fully accessible to persons with disabilities.
- When appropriate, commitment to invite other community agency early intervention providers and/or Part C personnel to participate in on-site training, if not provided by the state lead agency.
- Administrative commitment to support full or partial costs for Trans/Team staff travel and duplication of training materials.
- Commitment of one staff member to serve as a liaison with the project.
- Commitment to data collection for evaluation of Trans/Team replication effectiveness.
- Agency policies guarantee equal access to services and employment.
- Agency compliance with all local, state, and federal guidelines and regulations related to services for infants and toddlers with special needs and their families.

Careful articulation of the model and of criteria for replication is essential to successful replication and to the effective use of project resources. Criteria for replication were not designed to exclude teams from receiving needed help, but to ensure that the training provided by the project reachds the federally designated Enterprise Communities or Empowerment Zones (EC/EZs), was appropriate to the needs, goals, and resources of each replicating site, and that limited project resources were wisely allocated. Criteria also ensure that each early intervention team's services are in compliance with basic state and federal requirements, that each team's policies guarantee equal access to services and employment, and that training itself was fully accessible to persons with disabilities.

Selection criteria also ensured that Trans/Team Outreach had a consistent point of contact with the replicating team throughout the working relationship; that there was commitment and support of responsible administrators; and that appropriate state, community interagency members, and consumer representative were involved in training and technical assistance.

The project required that replicating teams offer families the opportunity to participate in the training. As teams appraise the extent to which their team interactions are family-centered and transdisciplinary (TD), it is essential that they have the input of families who are or have been members of those teams. If Trans/Team training is to result in changes that increase the extent to which service delivery practices are family-centered, families must be represented in planning for change. The process of involving families in training and in planning for change models the family-centered, collaborative procedures that the project hopes the replicating team develop and use as a result of training. While encouraging family participation in Trans/Team training, the project remained sensitive to individual team constraints and to the constraints that families have in making such commitments.

A final replication criterion was the commitment to provide data needed for project evaluation of the effectiveness of replication training. Teams selected agreed to complete pre and post profiles, needs assessments, and questionnaires.

Even teams meeting replication criteria frequently required site development work before replication training. Outreach staff worked with potential replication teams to develop their readiness for training, providing additional information about the Trans/Team model, the needs assessment process, training and technical assistance, and the replication process. Often, teams needed assistance in presenting the model to the administrative or governing structure to assure their support

for training and resulting changes in service delivery. The project assisted the replicating team by offering descriptive materials, literature regarding TD, family-centered services, early intervention efficacy data, and other information helpful to service delivery planners and financial decision makers.

Teams whose needs were not consistent with outreach goals and resources were referred to other resources. Teams that met replication criteria began planning for replication activities by obtaining commitment from several team representatives including an administrator and a family representative. A replication agreement with financial commitment was signed by three members of each team.

Once commitment was obtained, the replicating team began the Trans/Team Five-Step Model of In-service Training with training and technical assistance from project staff. The Five-Step Model, as seen in Figure 1, is described in the following paragraphs.

3. Trans/Team In-service Training: A Five-Step Model

Step 1: Individualized Team Needs Assessment/Replication Plan

Because the Trans/Team model is designed to move teams toward family-centered, TD team interaction, the needs assessment process is used to determine current team practices, especially in relation to team interaction and to the family's role on the team. Two instruments have been developed for use by the project: **The Team Practices Profile** and **The Training Needs Assessment Instrument**.

During an on-site needs assessment visit, team members completed these instruments in order to clarify their existing service delivery system; to identify needs for systems change; to identify needs for training and technical assistance; and to provide a baseline to be used in evaluating the Trans/Team model. **The Team Practices Profile** helped teams assess the extent to which each of their service delivery practices are TD and family-centered. **The Training Needs Assessment Instrument**, is divided into nine areas dealing with principles of family-centered, TD service delivery and the application of those principles in assessment, IFSP planning, and IFSP implementation. Other team issues such as interagency collaboration and team development are

included. Completion of this instrument during the needs assessment visit helped the teams reach consensus about their training needs and priorities. When training priorities have been determined, an Individualized Replication Plan was developed, specifying team priorities and project responsibilities leading to replication. **Appendix B** contains sample pages of the Team Practices Profile instrument developed during the project. Other site unchanged forms are included in the original proposal.

The entire team is encouraged to participate in the needs assessment process, filling out the written instruments individually and coming together to reach consensus on needs and priorities for training. However, procedures used by teams to complete the needs assessment step may vary based on the size and configuration of team members, some large or interagency teams choosing to have the needs assessment completed by a representative group.

Step 2: Training and Technical Assistance

Trans/Team's model is designed to result in a team awareness of the differences between current practice and family-centered, TD practice and to lead toward a plan for needed change. Training is a systematic process of moving teams from knowledge and understanding to skill and application. Although all training is highly individualized, based on team needs as determined through the extensive needs assessment process, Trans/Team staff has found it necessary to ensure that all team members, regardless of prior exposure, share an understanding of core information. Each replicating team received a core of training content that includes an overview of the legislation, philosophical principles underlying a family-centered, TD approach, and practical approaches to implementing TD service delivery.

Content for individualized training and technical assistance was selected and adapted from the Trans/Team curriculum based on needs assessment. A draft training agenda was developed by project staff, reviewed with the site liaison, and revised as needed. Sample agendas and curriculum contents are contained in Appendix B. Curricular materials and strategies were selected or adapted to meet individual team training needs. Training was conducted on-site with all team members participating including representatives from families, administration, and, with the authorization of the team, lead agency personnel. Length of initial training, while varying based on needs, typically was two to three days.

Several instruments were used to determine the effectiveness of the in-service training. At the conclusion of on-site training, Trans/Team's **On-site Evaluation** was used to determine the usefulness and quality of the in-service content, materials, and presenters. The instrument also asks team members to identify the areas in which they plan to make changes in behavior or service delivery practice as a result of training. Trans/Team used individualized **Pre/Post Tests** to measure participants' knowledge in the core area of the curriculum.

Step 3: Planning for Change

During training, Trans/Team helped each team identify goals for change as a result of training. Following training, teams developed a written team **Action Plan** for reaching goals related to increasing the extent to which the team is family-centered and TD in its interactions. Strategies, time lines, and person(s) responsible for implementation were identified, and a time for follow-up training was set (see sample Action Plan in Appendix B). Teams specified, based on their action plans, the areas in which additional training is needed.

Step 4: Technical Support for Change

Trans/Team anticipated a 12-month technical assistance relationship with each team. Project staff and team members identified the training and technical assistance needed in order for the team to be successful in implementing their action plans. Technical assistance options included additional training; on-site consultations, which might include observation of team practices and feedback; telephone consultation; review of written materials, such as newly developed team policies and procedures, IFSP formats, or assessment protocols; materials loan; and/or referral to other resources.

Trans/Team provided teams with at least one follow-up visit, during which project staff and team members reviewed the initial action plan and technical support was provided related to the change goals. Training during follow-up visits moved each team from theory to practice, from knowledge to skills, from planning to implementation. Additional resources, materials, and training and technical assistance needed from the project were added to the Individualized Replication Plan in order to ensure the success of the team's action plan.

Step 5: Verification and Feedback of Change

Guidelines for completion of training and technical assistance are necessary in order for the outreach project to reach timely closure for its work with replicating teams. The project regards replication as complete after changes planned as a result of training have been integrated into the team's administrative, fiscal, and service delivery structure. Instrumentation has been developed for measuring these changes as part of the project evaluation plan.

Project staff reviewed the team's action plan using the **Review of Action Plan Form** to record changes in the team's action plan and service delivery practice. Using the **Trans/Team Follow-up Questionnaire** results of the needs assessment were compared with follow-up data to measure whether or not training and technical assistance needs were met. The **Team Practices Profile** was used to verify service delivery changes and to provide feedback to the team related to change and to continued needs for support. **Family Surveys**, which were administered prior to and following replication, provided added information about the quality of service delivery and changes that occurred. Sample evaluation instruments are included in Appendix B.

VII. Problems Encountered

No significant methodological or logistical problems were encountered. Goals and objectives were completed as proposed.

VIII. Evaluation Findings

The project evaluates the efficacy of the Trans/Team Model of In-service Training primarily in terms of the degree to which early intervention teams have changes in service delivery practices to be more transdisciplinary and family centered as a result of training. The evaluation summarized here contains both an implementation component (data related to accomplishing project goals and activities) and an outcome component (data related to the project's impact on early intervention teams).

The following data describe project activities and outcomes for early intervention teams replicating the Trans/Team model during the project period of October 1995 through October 1998. Twenty-five early intervention teams participated as Trans/Team sites and completed multiple evaluation measures. The data clearly demonstrates efficacy of the model.

Data were collected from additional early intervention teams that received similar yet less intensive training. Some data describing these activities are included to provide the reader with more information about the scope of the project. A description of this work includes locations, dates, and participants. Appendix A contains a full listing of outreach sites, additional early intervention teams, and conferences and workshops.

Eight evaluation questions, presented in **Figure 3,** help to organize the data. Measures to address each question are discussed below. The last four questions deal with the project's central goal and primary evaluation focus: Does training in Trans/Team replication result in change, i.e., in service delivery practices that are more family centered and transdisciplinary?

Figure 3

Evaluation Questions and Instruments

Questions	Instruments
1. Do replicating teams fully participate in the outreach training and follow through on replication activities?	Replication agreements, training agendas, participant sign-in sheets, site contact sheets, and additional measures listed below.
2. To what extent are the individualized training and technical assistance needs of replicating teams identified?	Team Practices Profile and the Training Needs Assessment Instrument
3. Is training useful and of high quality, and is the training effective for increasing knowledge and skills?	The On-site Training Evaluation and Pre/Post Test
4. Is training and technical support for change useful for teams and of high quality?	On-site Evaluation and Follow-up Questionnaire
5. To what extent does the training, result in participants' expectations of change in service delivery practices?	The On-site Training Evaluation (includes predictions of change)
6. Do replicating teams develop and follow through on change plans?	Action Plan and Review of Action Plan
7. Do project activities lead to change in service delivery practices?	Team Practices Profile and Follow-up Questionnaire
8. How do families rate assessment and IFSP practices and do families notice a change in behavior or service delivery as a result of replication activities?	Family Survey

1. **Do replicating teams fully participate in the outreach training and follow through on replication activities?**

Since October 1, 1995, Trans/Team has collected data to provide evidence that replication training and technical assistance has occurred and that replicating sites have followed through on their action plans. Replication indicators include replication agreements, training agendas and evaluations, action plans and reviews of those action plans. Additional indicators provide quantitative measures of project activities. These are numbers of participating states, sites, and participants. Site files contain phone contacts, correspondence, outreach forms, evaluation instruments, and miscellaneous information for example, sample assessment reports and IFSPs.

Table 1 lists numerical descriptors of the 25 Trans/Team sites. These sites signed outreach agreements and participated in all aspects of data collection. In addition, an state outreach agreement or contract was developed with Part C representative in the states in which the project worked. States included MD, TX, MD, VA, NJ, NH, MS, TN, and PA.

Table 1: Description of Sites

Descriptor	Number
States	9
Sites	25
Children & Families Served by Sites	3,207
Participants	454 (M = 18)
Disciplines Represented	Range 3-14 (M = 8)
Agencies Represented at Training	Range 1-10 (M =3.4)
On-site Trainings	71
Number of Trainings per Site	Range 2-9 (M = 2.7)

2. **To what extent are the individualized training and technical assistance needs of replicating teams identified?**

The training and technical assistance needs of individual early intervention teams were assessed continuously during the project period. As the skills of team members at replication sites developed, training needs changed, and the project responded by providing additional in-service and technical assistance.

During the needs assessment visit the full team or representatives completed the **Team Practices Profile**. The profile is the project's central measure of change resulting from replication (see Question 7). The instrument helped teams identify the extent to which their service delivery practices were family-centered and transdisciplinary. Team members identified the frequency of specific practices and the quality of 14 components (37 subsections) of service delivery.The team reviewed the **Training Needs Assessment Instrument** to identify needs for training and technical assistance, to select from in-service content and training and technical assistance options, and to plan for replication activities. Data collected during the needs assessment visit was used by project staff to develop training and replication plans with the team's liaison.

Teams were asked to identify three priority areas for change. Table 2 shows the percentage of teams identifying priority needs in each content area of the Needs Assessment Instrument.

Table 2: Priorities for Training and Technical Assistance

Training Content Area	Percentage of Sites (3 Priorities Each)
Transdisciplinary Approach	64%
Multidisciplinary Team Assessment	59%
Family-Centered Approach	47%
Team Development/Team Building	42%
IFSP Development	35%
Transition	23%

Based on the needs assessment and the characteristics of the team, Trans/Team staff negotiated training agendas with a site representative. The content of the initial training included one or more of the team's priorities. Follow-up training addressed either these priorities or an emerging need of the team. The most frequent content of the initial site training was multidisciplinary team assessment (81%) and the transdisciplinary approach including content on assessment and IFSP (77%).

3. **Is training useful for teams and of high quality, and is the training effective for increasing knowledge and skills?**

The **On-site Training Evaluation** asked participants to rate five aspects of training: (1) training organization, (2) training content, (3) helpfulness of the presenter(s), (4) usefulness of materials, and (5) effectiveness of providing information and/or skills. The five aspects were rated on a five-point Likert-type scale (1 poor to 5 excellent). Because the team was the target of the intervention, scores were calculated for each site and combined to obtain means for all trainings. Means calculated using individual participants as the unit of analysis were very similar to those presented here.

Table 3: Usefulness and Quality of Training

Aspects of Training	Combined Means (Initial Training)	Combined Means (All Trainings)
How appropriate was the organization of the training?	4.3	4.3
How appropriate was the content?	4.4	4.35
How helpful were the presenters?	4.4	4.5
How useful were the materials?	4.2	4.1
How effective was this training for providing you with information and skills?	4.2	4.2

At initial site trainings, a **pre and post test** was administered to training participants based on the individualized in-service content. This provided a simple measure of the extent to which knowledge increases as a result of training. These tests varied across sites as a function of the specific content presented in the training that each site received.

Participants clearly learned the material presented in their training. The average percent correct prior to training was 44 and the average percent correct after training was 82. A repeated measures of variance (using sites as the unit of analysis) found that this knowledge gain was statistically significant, $F(1,9) = 73.5$, $p < .001$. It is also important to note that an increase of this magnitude is educationally significant as well.

4. Is training and technical support for change useful and of high quality?

The content of follow-up training and technical assistance was identified through continuing needs assessment. In addition to on-site follow-up training, sites received technical assistance including feedback on written materials, such as materials to prepare families for assessment, assessment reports, and IFSPs. Telephone consultations most often dealt with transdisciplinary implementation and team leadership issues.

On-site follow-up training occurred an average of 3 months after the initial training with all sites receiving at least 2 trainings (M=2.7). Relationships with sites lasted, on average, more than one year (range 12-31 months), indicating the need of teams for support in bringing about lasting and long term change. The content of follow-up trainings most frequently included assessment, IFSP, and team building. The **On-site Training Evaluation** was repeated during follow-up training to determine training quality and usefulness. Means are for all trainings are included in Table 3.

The **Trans/Team Follow-up Questionnaire** gathered information about the quality of training and technical support provided for teams. The questionnaire asked team members to rate the effectiveness of materials and resources as well as the support provided to help teams implement their change plans. Additional questions addressed issues related to implementing action plans and continued needs of the team.

5. How does the training, influence participants' expectations of future change in service delivery practices?

After all site trainings (N =71), participants rated the likelihood that their behavior would change as a result of the training. To measure the impact of training, participants were asked, using the **On-site Training Evaluation**, "To what extent is this training likely to change your behavior?" on a five-point scale (1 none at all to 5 very much). A combined mean of 4.0 indicated that participants from 25 sites believed that they were very likely to change their behavior as a result of training.

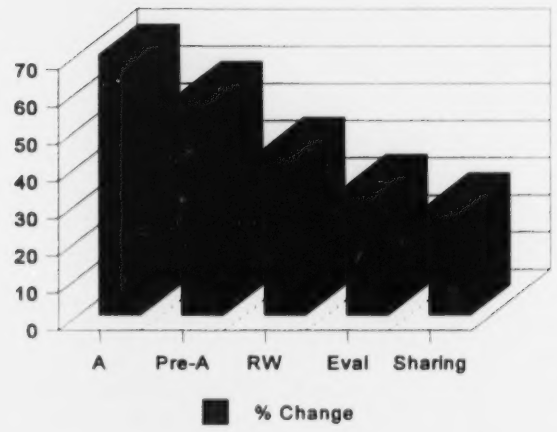
6. Do replicating teams develop and follow through on change plans?

Following initial training, teams developed written action plans for change. Those plans contained specific goals, activities, time lines, and persons responsible. Project staff helped teams to monitor their action plans at least quarterly throughout the one year technical assistance relationship with the team.

Teams reported changes made in service delivery. Sources of data about changes included action plan reviews, letters and updates from teams, and the follow-up questionnaire. Narrative descriptions of changes are listed in Appendix C.

Table 4 lists areas in which the greatest change was reported. Seventy percent of the teams reported changes related to assessment practices, preparation for assessment and IFSP (60%), writing assessment reports and IFSPs (45%), program evaluation (35%), and sharing results at post-assessment and IFSP meetings (30%).

Table 4: Areas of Change



7. Do project activities lead to change in behavior and service delivery practices?

Trans/Team staff used two instruments to gather information from sites after training and technical assistance: The Follow-up Questionnaire and the Team Practices Profile.

The **Trans/Team Follow-up Questionnaire** includes open-ended questions to capture, in a descriptive way, the impact of training on service delivery and on staff attitudes and skills, and any additional needs for in-service.

Twenty-two teams reported increase of knowledge and skills in nine content areas. Table 5 gives the percentage of teams reporting modest or substantial increases in knowledge and skills as a result of Trans/Team training. A number of teams reported changes in areas not covered in their team action plans.

Table 5: Percentage of Teams Reporting Increased Knowledge and Skill

Areas of Change	Modest	Substantial	Combined
Transdisciplinary Approach	64%	32%	96%
Natural Environments	54%	32%	86%
Team Assessment	50%	36%	86%
Team Building	64%	18%	82%
Family-Centered Service Delivery	64%	14%	78%
IFSP Development	45%	27%	72%
Transition	54%	14%	68%
Interagency Collaboration	27%	23%	50%

N = 22

Approximately 12 months after training and technical assistance, teams completed the **Team Practice Profile** used earlier in pre-training to describe team practices. The use of the profile and pre and post training measured the extent to which service delivery practices have moved toward more family centered and transdisciplinary as a result of Trans/Team training. Ratings of early intervention service delivey in nine areas (intake through transition with 27 subsections) and team process (5 areas with 10 subsections) were determined by team consensus.

Pre- and post-training ratings of service delivery practices were compared using a repeated measure analysis of variance (Table 6). These analyses found that 17 of 27 subsection ratings were statisically significant ($p < .05$), teams reported using better practices after training than they did before training. These changes reflect the work of the teams related to goals contained on team action plans.

Teams also rated the need for change in all subsections. Needs for change were consistently lower after Trans/Team training. However, many teams either chose new areas to focus on or continued to identify a need for further change in a previously identified area. The purpose of the instrument and Trans/Team's replication was to help teams continue to use action planning to improve service delivery and so additional needs for change were encouraged.

Table 6: Team Practices Profile - Significance for First Four Sections

Area of Team Practice	Frequency Pre/Post	Significance	Need for Change Pre/Post
Intake/Screening			
Family-Centered	3.41 3.74	.01*	1.86 1.36
Team Collaboration	2.22 3.08	.04*	2.70 1.90
Preparation for Assessment & IFSP			
Family Preparation	2.62 3.27	.00*	2.18 2.00
Team Collaboration	2.56 1.96	.03*	2.45 1.96
Child Preparation	3.32 3.83	.07	1.92 1.75
Child Assessment			
Setting	3.29 3.75	.01*	2.17 1.55
Family Participation	2.76 3.27	.02*	2.50 1.73
Individualize for Child	2.91 3.67	.01*	2.29 1.45
Team Interaction	2.25 3.06	.01*	2.79 1.50
Use of Clin. Judgement	2.78 3.64	.01*	2.63 1.55
Sharing Results			
Family Participation	2.80 3.52	.01*	2.63 1.95
Team Collaboration	2.80 3.14	.01*	2.29 2.18

Note: * Significance <.05

8. How do families rate assessment and IFSP practices and do families notice a change in behavior or service delivery as a result of replication activities?

At four sites the **Family Survey** was used to provide an independent baseline measure of team practice. Most teams chose not to distribute surveys because other family satisfaction measures were already in place. The survey measured the extent to which a sample of families served by replicating teams perceive that they have been decision makers in assessment and IFSP planning before training and approximately twelve months after training. This strategy provided a measure of change in the extent to which teams are family-centered and TD as a result of model replication.

Family surveys were distributed to families before and after Trans/Team training. Sites mailed surveys to most families currently enrolled in services at the time of distribution. Some families participated in both pre and post mailing.

At the time of the pre-survey 156 families, an average of 39 for each site, responded to eight questions. At the time of the post-survey, 110 families responded (28 families for each site). Table 7 compares pre and post scores for four sites.

Table 7: Means of Responses on the Family Surveys

Question	Pre Mean	Post Mean	p-level
1. How much help did your team give you to get ready for you child's assessment and IFSP meeting?	4.10	4.17	.0005*
2. How much choice did you have about how you could participate in the assessment?	4.27	4.57	.0001*
3. How much help did the team give you in determining you child's needs and family concerns?	4.50	4.72	.0000*
4. How much a part of your child's team did you feel?	4.47	4.7	.0000*
5. How much chance did you have during the IFSP meeting to make decisions that were important to you?	4.30	4.49	.0001*
6. How many of the outcomes you wanted for your child were included in the IFSP?	4.50	4.72	.0000*
7. How much choice did you have about the services you child would receive?	4.12	4.35	.0004*
8. How respectful were team members about your cultural, ethnic, or family (values (beliefs)?	4.67	4.77	.0000*
Total Score	4.35	4.57	.0001*

Note: * Significance <.05

In summary, Trans/Team Outreach has clear evidence that the in-service model is one that results in changed service delivery practices. As a result of model replication, all teams changed the ways they worked together and specifically changed the ways in which they worked with families as part of the team.

IX. Project Impact/Accomplishments

The following charts provide information about the impact of the project (between October 1, 1995 and October 30, 1998). Trans/Team made a significant contribution to current practice at the community and state levels. Impact of the project is measured quantitatively, in terms of numbers of persons and teams trained, and qualitatively in terms of changes in individual knowledge and behavior and team changes in service delivery practices. Accomplishments are stated according to the goals and objectives of the project as well as evaluation results (see Section VIII, Evaluation Findings).

The original proposal contains an in-depth description of Trans/Team Outreach's goals, activities, and work scope (D. Plan of Operation). These pages include management plan charts with objectives, activities, time lines, staff responsible, and documentation indicators. The Trans/Team Outreach process is described fully in the original proposal (C. Technical Soundness). Included in Technical Soundness and the proposal's Appendices are project forms and instruments. Trans/Team's evaluation plan is described in the proposal, E. Evaluation.

Project Impact Charts

Goal 1: To ensure the outreach activities and the replication of the Trans/Team model help lead agencies accomplish full implementation of Part C in each state in which the project operates.

Objectives	Accomplishments
1.1 Establish and/or continue working relationships with lead agencies in states requesting outreach services.	During the project period, Trans/Team Outreach staff reviewed letters of support and requests for training and technical assistance from 52 early intervention teams in 12 states. Of these, 25 became replication sites and 7 additional teams received small amounts of training. Site activities are listed in Appendix A. Staff contacted Part C personnel from 9 states (NH, TX, VA, MD, NJ, PA, TN, MS, & DC) and determined if a match existed between state needs and project resources. Trans/Team staff discussed the outreach priority, placing emphasis on identifying and serving teams located in Enterprise Communities and Empowerment Zones (EC/EZs). Agreements were made or initiated with representatives in 9 states. Negotiations led to a written contract with the State of Texas. Training and technical assistance agreements were individualized for states, related to costs, identification of sites, and awareness activities.
1.2 Coordinate training and technical assistance for local early intervention teams (sites) with the state lead agency.	Twenty-five early intervention city, county or regional teams participated in site activities. Several county or regional teams consisted of multiple local teams. Six localities served by these teams are designated EC/EZs (Norfolk, VA, Camden, NJ, Scott County, TN, Brownsville, TX, Jackson, MS, & Washington, DC). All training activities were coordinated with appropriate state Part C personnel. State Part C lead agency representatives are invited to attend trainings, as appropriate. State representatives received training agendas, evaluation summaries, and action plans for each site training. The project worked with each lead agency representative to ensure that outreach activities are coordinated with the comprehensive system of personnel development for that state. For example, Maryland participants in Trans/Team training and technical assistance can receive credits toward Infant and Toddler certification.
1.3 Assist states with other training and technical assistance through outreach activities, as appropriate	In states in which Trans/Team services have been requested, Part C lead agencies were advised about how Trans/Team can assist states with their needs related to training and technical assistance. Trans/Team staff negotiated conference presentations and additional training events in 8 states. In conjunction with individualized state plans, Trans/Team staff provided state or regional conferences in 6 states (VA, NH, MD, TX, NJ, & MS). Staff provided additional team trainings in three states (TX, MD, & MS) also as a part of individualized state plans. Other states requested Trans/Team training and technical assistance. Staff provided two state conferences (IN & DE) and provided training to one more early intervention team in LA.

Goal 2: To increase awareness of and use of the Trans/Team model and its products through dissemination activities.

Objectives	Accomplishments
2.1 Prepare and distribute project awareness materials.	Trans/Team Outreach awareness materials were developed including an abstract, curricula and products list, and a description of outreach process. A project description was provided to NEC*TAS for nationwide distribution. Trans/Team's display board was used at national and state conferences, and local awareness functions. During the project period, more than 300 abstracts and brochures were distributed at five national conferences (DEC, Zero To Three, Head Start, & NEC*TAS). Project staff sent awareness materials to state Part C personnel for distribution to local early teams. Awareness materials were also distributed for all conferences, additional trainings, and in response to 52 phone and mail inquiries from 12 states. The project disseminates information to 68 key stakeholders and/or state representatives in five states through an agency letter. The letter, sent to states in which CDR works, ensures that key personnel are kept informed about our project's major activities in their state. An agency newsletter, "Open Lines" also provides information about the agency and about the project to a wide audience four times each year. The project responded to 5 requests for permission to use information or materials in new publications.
2.2 Disseminate Trans/Team information and materials to national, state, and local audiences.	Training materials were distributed to each participant at national, state, and regional conferences. Training materials were also distributed to each participant at all site training and technical assistance. During the project period, 7 conference proposals were submitted and of those 5 accepted. Project staff conducted 15 national, state, and regional conferences or workshops. The total number of participants was greater than 700. Appendix A includes a list of conferences. During this project period, Trans/Team staff responded to more than 83 requests for information, products or materials, or training from 35 states. A book chapter, Garland & Frank (1997), Building effective early intervention team work in Reforming personnel preparation in early intervention was published by Paul H. Brookes. An article related to self-rating instruments, co-written with another outreach project was submitted to Young Exceptational Children. A third article related to efficacy of the project was drafted.
2.3 Revise materials to reflect changes in the field and Part C reauthorization.	Trans/Team training materials and products were revised to reflect those changes. A product, the IFSP Guide for Families, was revised to reflect IDEA reauthorization changes.
2.4 Develop and disseminate a new project product.	The Team Practices Profile (TPP): A Self-Rating Instrument for Transdisciplinary Teams was drafted field-tested by early intervention teams, and developed as a product for nationwide distribution.

Goal 3: To replicate the Trans/Team model of TD in-service training with local early intervention teams.

Objectives	Accomplishments
3.1. In coordination with contact person for Part C in each state, identify and select replication sites, with priority given to teams located in EC/EZS.	All sites were identified and selected in coordination with state Part C representatives, based on project criteria. When not selected, teams may have received either limited training opportunities or referrals were made to other technical assistance resources. Between October 1, 1995 and October 30, 1998, 25 early intervention regional, county, or city teams in 9 states participated in site activities. In several localities, local teams received some training activities with other teams. For example, Scott County, TN participated with 16 counties in a regional training on transdisciplinary content and later participated in one technical assistance visit. Three local county teams participated in agency-wide training at the MARC Program in PA. Timing, length, and number of training events varied among sites. All contacts with sites are recorded and correspondence is filed. A list of site trainings is included in Appendix A.
3.2 Plan and obtain commitment for replication activities with local sites.	Site liaisons were identified for all early intervention sites. At a number of sites, the liaison changed due to staff turnover. Each site completed a site information sheet and gave other pertinent information. Project staff developed individual outreach agreements with sites.
3.3 Help teams identify their needs for training and technical assistance and develop individualized training plans.	During needs assessment, the early intervention team completed the Team Practices Profile (TPP). The team determined areas of need, priorities for change, and training and technical assistance to be provided by Trans/Team. The TPP asks how frequently specific indicators of family-centered, transdisciplinary practice are present and whether or not the team wants to change their practices to become more family-centered and transdisciplinary. The instrument was completed by the full team or team representatives and was used in evaluation of model efficacy. Each team set three priorities for change and together identified the content and type of the training. Team decisions were recorded.
3.4 Plan, negotiate, and prepare for in-service training with teams.	In-service content was based on site needs and project resources. Training agendas were negotiated during telephone interviews with site liaisons. Draft agendas were developed by project staff and reviewed by sites. New training materials or adaptations were made based on individual team needs and current changes in the field of early intervention. For the performance period, more than 70 agendas from needs assessment visits, training events, and/or technical assistance visits are on file.
3.5 Replicate the Trans/Team in-service model with local teams through individualized training and technical assistance.	Curricular materials were selected and individualized training notebooks were compiled for each training. Training methods and process varied among sites. For example, one regional team distributed a 75-page training for 60 early intervention providers participating in a two-day training and for one local team Trans/Team staff attended a team meeting with an agenda generated by the team with no training materials requested.

Goal 3: (continued)

Objectives	Accomplishments
3.6 Develop written action plan for change with each team.	During or after on-site training, all sites developed action plans for change in service delivery practices. The content and length of the action plans were based on the team's priorities. Action plans for sites are on file. A copy of an action plan and review is included in Appendix B.
3.7 Provide technical support for change and monitor team progress.	Project staff reviewed the team's action plans, using the Action Plan Review form or updates written by sites. Reviews were used to determine additional training or technical assistance as well as to track the progress of the site toward their goals. Technical assistance/ support (TA) contacts over a year period helped to ensure successful implementation of the action plan. TA included on-site consultation, telephone consultation with administration or direct service personnel, material loan, and/or referral to other resources. Additional information and resources identified by teams were provided. For example, participants from one training requested sample assessment instruments, including examples of questionnaires for use by families. At the conclusion of training and technical assistance, sites received a copy of the Early Intervention Team Orientation Manual. The manual contained training and supplemental materials used to replicate training and team action planning. This manual is used by replication teams as a resource for orienting and training new staff and families to a family-centered, transdisciplinary approach to service delivery to ensure that the replication impact is not lost as a result of changes in team membership.
3.8 Evaluate changes in team practice replication process.	At the completion of training and technical assistance teams completed two instruments: the Team Practices Profile and the Follow-up Questionnaire. The Team Practices Profile helped teams to clarify and verify the changes made in service delivery practices and to identify needs for continued improvement. The Follow-up Questionnaire asked teams to identify their team's remaining needs for in-service training, review the changes they have made and to identify the problems encountered. The presence of Trans/Team staff during this process gives the team an opportunity to give and obtain feedback about the replication process. See a sample Summary of Changes Made in Appendix C.

X. Future Activities

Child Development Resources will continue to disseminate products developed by Tran/Team Outreach, despite lack of federal funding. Tran/Team training and materials will be available to audiences that have funds to cover the costs.

XI. Assurances

This statement as an assurance that the required number of copies of this final report have been sent to the Office of Special Education Programs, U.S. Department of Education and to the ERIC Clearinghouse on Handicapped and Gifted Children. In addition, copies of the title page and abstract/executive summary have been sent to the other addresses as requested.

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Appendix A

Trans/Team Outreach Replication Sites, Additional Trainings, and Awareness Activities

TRANS/TEAM OUTREACH
REPLICATING TEAMS
(October 1995 - October 1998)

TRAINING SITES	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Montgomery County Inf. & Toddlers Children's Resource Center 401 Fleet Street, Room LL3C Rockville, MD 20850 (410) 217-8184 CONTACT: Joan Liversidge - Up County Team - Mid County Team - Down County Team	8/31/95 11/9/95 12/5-6/95 2/13/96 5/2/96 1/15/97	53	348
Norfolk Infant Development Program 6411 Tidewater Drive Norfolk, VA 23509 (757) 441-1186 (757) 441-5995 F CONTACT: Beverly Pitts	11/28/95 12/12/95 2/20/96 3/5/96 10/30/96 11/13/96 1/22/97 7/8/98	14	120
CAMDEN CONNECTIONS; Camden, NJ - SNJREIC Winslow Professional Center 339 South, Rt. 73, Suite 6 Berlin, NJ 08009 (609) 768-6747 CONTACT: Janet Cornwell - Step by Step 3098 Pleasant Street Camden, NJ 08105 (609) 966-8840 CONTACT: Carol Petrokonis	12/6/95 2/5/96 6/6/96 11/19/96	31	130

TRAINING SITES	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Region 1 ECI 1900 West Schumior Edinburg, TX 78539 (210)383-5611 (213) 380-4319 F CONTACT: Kathy De LaPena	5/7-8/96 8/20-21/96	11	50
REGION VIII Community Developmental Services 196 Hanover Street, Suite 40 Portsmouth, NH 03801 (603) 436-6111 (603) 436-4622 F CONTACT: Lee Clifford - Richie McFarland Children's Center - Child and Family Services - Families First - CATCH	1/29-30/96 12/4/96	32	130
KnoxvilleTN Early Intervention System (TEIS) 1215 West Cumberland Avenue Jesse-Harris Building, Suite 402 Knoxville, TN 37996-1900 (423) 974-1262 (423) 974-84733 F CONTACT: Kathleen Rutherford & Pat Cooper - Scott County - Monroe County	9/6-7/96 4/18/97	33 (6)	300 (16 counties)
Calvert County Infants & Toddlers P.O. Box 219 Huntingtown, MD 20639 (410) 535-7381 (410) 535-7383 F CONTACT: Wynne Maksimovic & Cathy Robbins	2/27/97 3/25/97 4/22/97 5/20/97 3/24/98 5/26/98	14	38

TRAINING SITES	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Dream Catcher's Team Willowood Development Center 1635 Boling Street Jackson, MS 39213 (601) 366-0649 (601) 366-0149 F CONTACT: Deborah Callaway	11/11-12/96 4/28-29/97 10/30/97 6/16/98	8 (Willowood) 50 (District V)	125
KIDS Infant-Parent Program (KIPP) Hospital for Sick Children 1731 Bunker Hill Road, NE Washington, DC 20017 (202) 635-6189 (202) 832-4400 F CONTACT: Lisa Ciarricchi	2/28/97 3/21/97 5/2/97 5/16/97 7/25/97 9/3/97 10/17/97 2/13/98 3/27/98	9 (12)	18
Baltimore County Infants & Toddlers 1 Investment Place, 11th Floor Towson, MD 21204 (410) 887-3419 (410) 887-4628 F CONTACT: Thomas Stengel	8/23/96 9/18-19/96 1/16-17/97 1/26-27/98 8/28/98	64	563
- Central Infants & Toddlers Center (White Oak School) 8401 Leefield Road Baltimore, MD 21234 (410) 887-5423 887-5379 F CONTACT: Sally Chapman		(6)	
- Northeastern Infants & Toddlers Center (Eastern Family Resource Center) 9100 Franklin Square Drive Baltimore,MD 21237 (410) 887-0422 887-0418 F CONTACT: Debi Rhodes		(9)	

TRAINING SITES	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
- NW Infants & Toddlers (Hannah More) Rm 222 12035 Reistertown Road, Reistertown, MD 21136 (410) 8987-1173 887-1174 F CONTACT: Peggy DeCrispino			
- SE Infants & Toddlers (Battle Monument School) 7801 E. Collingham Drive Baltimore, MD 21222 (410) 887-7265 887-7242 F CONTACT: Tammy Schnydman		(10)	
- SW Infants & Toddlers (Westchester Com. Center) 2414 Westchester Avenue Oella, MD 21043 (410) 887-1077 750-7906 F CONTACT: Norma Logan		(13)	
Region VI - Early Intervention Program, Infants & Toddlers Program - Area Agency for Dev. Services of Greater Nashua, Inc. 144 Canal Street, Suite 22 Nashua, NH 03060 (603) 882-6333 CONTACT: Charlene Curtis	2/1-2/96	34	130
- Early Intervention Pediatric Therapy Program 144 Canal Street Nashua, NH 03060 CONTACT: Lisa Madden	12/5/96	(3)	

TRAINING SITES	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Area Ag. Home Visitor Prg. 144 Canal Street Nashua, NH 03060 CONTACT: Kathy Mones	12/6/96	(3)	
- Integrated Pediatric Therapies 92 Towne Farm Road New Boston, NH 03070 CONTACT: Jane Ruddock	12/5/96	(3)	
Home Health and Hospice Care Pediatric Service 22 Prospect Street Nashua, NH 03060 CONTACT: Martha Ballog & Amy Natale	12/6/96	(3)	
- Dev. Therapy Services 37 Depot Road Merrimack, NH 03054 CONTACT: Venitia Winston	12/6/96	(4)	
- RSEC (Sunrise EI) P.O. Box 370 Amherst, NH 03031 CONTACT: Jennifer Cail	12/6/96	(2)	
St. Mary's County Health Dept. P.O. Box 316; Peabody Street Leonardtown, MD 20619 (301) 475-4393 (301) 475-4350 F CONTACT: Elizabeth Weeks	9/19/97 11/18/97 3/25/98 8/26/98	17	65

TRAINING SITES	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Northern VA IDEA Center 8348 Trayford Lane, Suite 200 Springfield, VA 22152 (703) 866-4332 (703) 866-9497 F CONTACT: Susan Syron	8/27/97 6/25/98	28	385
First Steps Forward Program 302 E. 24th Street Bryan, TX 77803 (409) 821-9466 CONTACT: Hariett Webb	8/1/97 10/28-29/97 8/11/98	12	133
Montgomery County ARC 1010 West 9th Avenue King of Prussia, PA 19406 (610) 265-4700 (610) 265-3439 CONTACT: Alyce Rosen - Horsham EI 1125 Limekiln Pike Ambler, PA 19002 (215) 653-0966 CONTACT: Fran Crowe - Pottstown EI. 1610 Med. Drive, St. 103 Pottstown, PA 19464 (610) 327-3757 CONTACT: Jackie Wilder - King of Prussia EI 1010 W. 9th Avenue King of Prussia, PA 19406 (610) 265-4700 CONTACT: Kris Bowman & Meagan Nachod	7/22-23/97 9/2/97 10/15/98	30	225

TRANS/TEAM OUTREACH
ADDITIONAL TRAINING
1995 - 1998

ADDITIONAL TRAINING	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
Project KIDS 12532 Nuestra Dallas, TX 75230 (214) 789-5216 CONTACT: Angela Pittman	6/17-18/96	32	232
Brighton School 271 E. Lullwood Avenue San Antonio, TX 78212 (210) 826-4492 (210) 826-7887 F CONTACT: Mike Delahanty	8/12-13/96	13	175
Frederick County Development Center 350 Montevue Lane Frederick, MD 21702 (301) 631-3256 (301) 694-3280 F CONTACT: Mary Schulz	9/20/96	31	110
ECI of Johnson County 1601 N. Anglin Cleburne, TX 76031 (817) 558-1121 CONTACT: Margaret Owens	8/15-16/96 1/20-21/97	13	45
- Granbury ECI Pecan Valley MHMR P.O. Box 261 104 Pirate Drive Granbury, TX 76048 (817) 573-2662 CONTACT: Dayna Adams	(8/15-16/96)	(13)	(89)

ADDITIONAL TRAINING	TRAINING DATES	# OF PARTICIPANTS	CHILDREN & FAMILIES SERVED
LA State University LA Eligibility Criteria Project Baton Rouge, LA 70803-4728 201 Peabody Hall Contact: Teri Nowak (504)388-2298	7/31/98		
Parents in Partnership 2015 South Country Club Rd. Garland, TX 75041 Contact: Janet Centola (972) 494-8386	8/13-14/98	25	
MS State University School of Human Sciences P.O. Box 9745 MS State, MS 39762-9745 Contact: Jan Cooper-Taylor (601) 325-2950	6/17/98	7	

CONFERENCES/WORKSHOPS

(1995 - 1998)

LOCATION/TITLE/SPONSOR/PRESENTER	DATE	# PARTICIPANTS
1995 DEC Conference - Pre Conference Worshop: "Diversity: The Strength of Teams"; Orlando, FL Presenters: Corinne Garland & Michele Taylor	11/2/95	21
1995 DEC Conference - Conference Session: "Team Training for Cultural Competence"; Orlando, FL Presenters: Michele Taylor & Laurene Harrold	11/4/95	12
Transition Institute; "Collaboration for Smooth Transitions"; Abingdon, VA Presenter: Michele Taylor	11/95	75
New Horizons Conference; "Reaching for the Sky: Making Transitions Work for Families, Children, and Professionals; Abingdon, VA Presenter: Michele Taylor	5/16/96	22
New Hampshire Statewide Workshop - New Hampshire Early Intervention Program; "Creating a Link Between Assessment and IFSP" Boscawen, NH Presenter: Adrienne Frank & Michele Taylor	1/31/96	68
Western Maryland Training Consortium - Regional Conference: "Family-Centered, Transdisciplinary Services" Cumberland, NH Presenter: Adrienne Frank	4/29-30/96	37
Bay to Bay Infant Program; "Consortium Training on Assessment" Brownsville, TX Presenter: Michele Taylor	5/6/96	47

LOCATION/TITLE/SPONSOR/PRESENTER	DATE	# PARTICIPANTS
Southern New Jersey Second Regional Personnel Development Day: "Integrating Service Delivery Through a TD Team"; Berlin Presenters: Adrienne Frank and Lisa Rogers	11/20/96	10
New Hampshire Statewide Workshop; "Maintaining Quality Assessment and IFSP Practices: Meeting the Challenges of a Changing Climate"; Boscawen, NJ Presenters: Adrienne Frank and Lisa Rogers	12/3/96	50
1996 DEC Conference Session; "Implications of Managed Care: New Consultation Roles for Early Intervention Personnel"; Phoenix, AZ Presenters: Michele Taylor and Lisa Rogers	12/9/96	47
Mississippi Department of Health; "IFSP Topical Workgroup" and "IFSP Philosophy & Practice"; Jackson, MS Presenter: Adrienne Frank	10/29/97	18
ZERO TO THREE 12th Annual Training Institute: "Innovation and Change: Building Family-Centered Assessment Practices"; Nashville, TN Presenters: Adrienne Frank and Lisa Rogers	12/6/97	100
1998 Head Start Institute; "Meeting the Needs of Infants & Toddlers with Disabilities and Their Families in Head Start Through Family-Centered Services"; Washington, DC Presenters: Lisa Rogers Thomas, Michele Taylor Stuart	1/23/98	75
Indiana Association of Rehabilitation Facilities Conference; "Family-Centered, Transdisciplinary Services"; Indianapolis, IN Presenter, Adrienne Frank	3/17/98	45

LOCATION/TITLE/SPONSOR/PRESENTER	DATE	# PARTICIPANTS
Delaware Assessment Institute; Dover, DE Presenters: Adrienne Frank & Michael McCormick	6/22-23/98	44
Head Start Fourth National Research Conference; "A Model for Building Family-Centered, Integrated Teams"; Washington, DC Poster Session Presenter: Michele Stuart	7/9/98	35

Appendix B

Sample Evaluation Instruments and Forms

Sample pages NW Baltimore

6. IFSP Development

[The Individualized Family Service Plan (IFSP) is developed by team members present as soon as possible after the assessment. The setting and interaction among team members are designed to foster collaboration. The team uses consensus decision-making to set priorities for outcomes, understanding a family's role as a primary decision maker. IFSP outcomes are developed prior to identifying early intervention and other services to be provided. Integrated strategies are planned for the child's daily routines and natural environment. In the transdisciplinary (TD) model, one person is usually chosen by the team, who acts as both the primary service provider and as service coordinator, helps a family to implement the plan. The family's priorities govern team decision-making].

		How Frequently? A, F, O, N		Need for Change? Low ..... High 1 2 3 4
6.1.	**To create a comfortable setting for collaboration during the the IFSP meeting, our team currently:**			2 1
6.1.1	Reviews what will happen in the meeting and why	3.5	4	
6.1.2	Introduces team members and explains their roles	4	4	
6.1.3	Adjusts the physical setting (e.g., sits participants in a circle, offers child care, limits distractions)	3	4	
6.1.4	Explains what will happen after the IFSP meeting	4	4	
6.2	**To foster family participation, our team currently:**			1.5 1
6.2.1	Emphasizes the importance of the family's role	3.5	4	
6.2.2	Asks family to share their desired outcomes before asking other team members for ideas	3	4	
6.2.3	Discusses information in an open, give-and-take fashion	3	4	
6.2.4	Uses open-ended questions and active listening (e.g., rephrasing, pausing)	3.5	4	
6.3	**To encourage collaboration among team members, our team currently:**			2 1
6.3.1	Includes all pertinent family members and other team members in solving problems	3.5	4	
6.3.2	Provides a variety of options for participation by persons who cannot be present (e.g., child care providers)		4	
6.3.3	Shares responsibility for facilitating the IFSP meetings	1.5	3	
6.3.4	Uses consensus to set priorities	2.5	4	

Continued on Next Page

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6. IFSP Development (continued)			
		How Frequently? A, F, O, N	Need for Change Low ..... High 1 2 3 4
6.4	**To develop family-centered outcomes and strategies, our team currently:**		1.5 1
6.4.1	Encourages the family to describe their priorities for their child	4	
6.4.2	Uses the family's words in writing outcomes without unnecessary changes	3.5 4	
6.4.3	Modifies outcome statements, as needed, so that all team members understand their meaning	3 4	
6.4.4	Generates strategies that are appropriate for each child's natural setting	3 4	
6.4.5	Builds on family and community resources in developing strategies	3.5 4	
6.4.6	Determines early intervention and other services based on outcomes	3 4	
6.4.7	Includes family members and providers as persons responsible for implementing strategies as appropriate	3.5 4	
6.4.8	Chooses one person who will regularly monitor the implementation of the plan	3.5 4	
6.4.9	Chooses one person to serve as the service coordinator and interventionist (primary service provider) for each child	2 4	
6.4.10	Arranges for continuing consultation with other team members as consultants based on child and family needs.	2 4	

Notes:

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7. Assessment Reports and IFSP Documents

[Team members write a report and IFSP based on the information generated during the assessment and the discussion following. The assessment report may be included in the same document with the IFSP. In the transdisciplinary (TD) model, the assessment narrative is written by all team members together in order for them to teach and learn from one another].

		How Frequently? A, F, O, N		Need for Change? Low . . . . . High 1 2 3 4
7.1	**To ensure that assessment reports are family-centered, our team currently:**			2 1
7.1.1	Writes assessment reports at a reading level and in a language that is appropriate for each family	3	3	
7.1.2	Includes explanations of clinical language when necessary to use	3	3	
7.1.3	Integrates a family's perceptions/assessments of the child's abilities and needs	3.5	4	
7.1.4	Asks a family to review and make changes in reports before signing	1	1	
7.2	**To center IFSP outcomes on a family's priorities, our team currently:**			1 1
7.2.1	Writes outcome statements that reflect a family's priorities (e.g., in a family's words, in words that all team members understand)	3.5	4	
7.2.2	Evaluates outcomes using a family's measures of success	3.5	3	
7.3	**To improve team report writing, our team currently:**			2 1
7.3.1	Writes a narrative that reflects a team consensus about assessment results	2	4	
7.3.2	Includes family and all disciplines' reports in an integrated narrative	2	3	
7.3.3	Writes integrated statements to describe the observed and reported child behaviors	2	4	
7.3.4	Edits the report to ensure accuracy and readability	3	4	
7.3.5	Uses report writing as an opportunity to teach and learn across disciplinary boundaries (e.g., writes report jointly, one person writes and others edit)	2	2	

Continued on Next Page

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7. Assessment Reports and IFSP Documents (continued)				
		How Frequently? A, F, O, N		Need for Change? Low.....High 1 2 3 4
7.4	**To increase the use and flexibility of the IFSP document, our team currently:**			2 1
7.4.1	Provides space on the IFSP to add new strategies to outcomes over time	3.5	4	
7.4.2	Provides space on the IFSP to continuously measure the progress toward outcomes	4	4	
7.4.3	Evaluates and adds new strategies to outcomes during regular visits with families	2.5	3	

Notes:

TRANS/TEAM OUTREACH TRAINING

PORTSMOUTH REGION EARLY INTERVENTION
JANUARY 29 & 30, 1996

TIME	TOPIC
8:45-9:00	COFFEE & NETWORKING
9:00-9:30	GREETINGS & OVERVIEW OF THE DAY Pretest for Tomorrow's Content
9:30-10:30	TEAM PRACTICES PROFILE Large Group Review of Questions Small Group Work
10:30-10:45	BREAK
10:45-12:00	TEAM PRACTICES PROFILE (Con't)
12:00-1:00	LUNCH
1:00-2:00	TEAM PRACTICE PROFILE (Con't)
2:00-2:15	BREAK
2:15-3:00	NEEDS ASSESSMENT Review of Instrument Small Group Work
3:00-3:45	Large Group Discussion
3:45-4:00	SUMMARY & OVERVIEW OF TOMORROW

DAY 2

TIME	TOPIC
8:45-9:00	COFFEE & NETWORKING
9:00-9:30	PUTTING PRINCIPLES INTO PRACTICE Reveiw of IFSP Principles Principles to Practice Activity
9:30-10:30	COLLABORATING WITH FAMILIES Negotiation Skills Consensus Decision Making
10:30-10:45	BREAK
10:45-12:00	DEVELOPING FAMILY-CENTERED OUTCOMES Considerations for Developing Outcomes Outcomes Practice Activity
12:00-1:00	LUNCH
1:00-2:15	ASSESSMENT REPORTS & IFSP FORMAT Family-Centered & Integrated Narratives Sample IFSPs & Their Components
2:15-2:30	BREAK
2:30-3:15	TEAM PROBLEM-SOLVING Small Groups
3:15-3:45	Large Group Discussion
3:45-4:00	SUMMARY & EVALUATION

Trans/Team Outreach Training
Portsmouth, NH
December 4, 1996

8:30-10:00	Strategic Plan Task Work Discussion
10:00-10:15	Break
10:15-11:00	Determining eligibility - Who is the MDT team? - How are instruments used? - How is informed clinical opinion used?
11:00-12:00	Re-Assessment Practices - How frequent & who is involved? - What is the process for re-assessment?
12:00-1:00	Lunch
1:00-2:15	Obtaining a MDT Consensus - How & when are assessment results discussed? - What is a statement of eligibility?
2:15-2:30	Break
2:30-3:30	IFSP Outcomes - When & how do we listen to what families say? - How do we set up the climate for negotiation? - Do we write outcomes in measurable terms? - How do we measure and report success?
3:30-4:00	Question & Answers Summary & Evaluation

SEGMENT CULTURALLY COMPETENT SERVICES

Table of Contents

	TITLE AND CODE	# PAGES	FILE CATEGORY
DEFINING CULTURAL COMPETENCE			
___	Defining Culture	1	Dark Red/NA
___	Ideas and Definitions to Consider	2	Purple/AC
___	Recognizing Mainstream Values: Truisms -- Are They Really True?	4	Purple/AC
___	The Fundamentals of Cultural Competence	2	Dark Red/NA
___	The Fundamentals of Cultural Competence: Applying Them	3	Purple/AC
___	Our Ideas for Implementing the Fundamentals of Cultural Competence	4	Purple/AC
___	Unexpected Commonalities and Differences	3	Purple/AC
___	Identifying Personal and Group Values	5	Purple/AC
___	A Cultural Competence Continuum	1	Dark Red/NA
___	The Cultural Competence Continuum: Recognizing Cultural Competence	3	Purple/AC
CULTURAL COMPETENCE AND EARLY INTERVENTION			
___	Characteristics of Culturally Competent Providers	3	Purple/AC
___	The Individuals with Disabilities Education Act	2	Dark Red/NA
___	Family-Centered, Community-Based Early Intervention	2	Dark Red/NA
___	Cultural Competence in Communication: A Self-Evaluation	4	Purple/AC
___	An Action Plan for Overcoming Barrier to Cultural Competence	2	Purple/AC
___	The Checklist Exercise: Tools for Evaluating Aspects of Cultural Competence	3	Purple/AC
___	Diversity and Early Intervention in the United States	2	Dark Red/NA

CAMDEN CONNECTION
ACTION PLAN

GOAL	ACTIVITIES	PERSONS INVOLVED	RESOURCES NEEDED	TIMELINE
To identify children with developmental delays early	1) Continue contact at Bergen Lanning WIC site on Wednesday afternoons for referral and information sharing 2) Maintain two transagency teams to screen children within child care centers or family shelters on a weekly basis	1) Marion Delp- case manager 2) Team 1- Pat Black, Patty Green Team 2 - Jocelyn Lapena, Kristie Testa, Mary Giesen	Screening instrument and materials; screening protocol; information for families; informational letter and release forms	ongoing
To link those children and families to early intervention services within their community	1) Relook at procedures for evaluation and referral into EI 2) Discuss innovative ways to engage families in EI	1) Carol, Jane, Marie and Janet 2) entire Camden Connection team		ongoing quarterly meetings
To involve families served by early intervention in services that are convenient and helpful to them and their children	1) Ongoing discussion about strategies to offer services that fit families needs and availability 2) Obtain and analyze data to track family involvement in EI	all members of Camden Connection team 2) Janet	Data Forms and procedures	ongoing
To network with other providers to enhance early intervention as a community resource within Camden	1) Meet with Healthy Mothers, Healthy Babies to establish collaborative work 2) Participate in other interagency groups to network with other providers	1) Patty, Marie, Mary 2) all members of Camden Connection		ongoing

CAMDEN CONNECTION
LINKING CHILDREN, FAMILIES, AND COMMUNITIES
Southern New Jersey Regional Early Intervention Collaborative
1-888-3CAMDEN

Transagency Team Sixth Quarter Summary - April - June, 1998
6 Service Reports from Cooper House (2 reports), Gamma House (1 report), Dooley House (1 report), YWCA (1 report), family's home (1 report)
Fri.4/3-10:30-1; Tues.4/7-1-4; Tues.5/19-9:30-11; Weds.6/17-10:30-12; Thurs.6/25-10:30-12:30; Mon.6/29-1:15-3:30
Team Members: Patty Green, OLOL; Pat Black, Camden SCHS; Christy Thornton, OLOL.

1) During this quarter, the team spoke with 7 families of children ages 4 weeks to 4 years of age.

2) During this quarter, the team answered questions/shared information on the following topics:

Reveiwed early intervention procedures
Assisted grandmother with family food bank referral
Assisted family with information on summer camp for her preschooler
Met with program nurses to share information on Camden Connection
Discussed preschool handicapped issues and Head Start options
Reviewed developmental milestones with staff and what to work on with children in classroom

3) During this quarter, the team screened 10 children, ages 26 months, 9 months, 1 month, 18 months, 33 months, 29 months, 12 months, 24 months, 16 months (2).

4) During this quarter, the team made 7 referrals to early intervention services and 2 referrals for other services, including:

WIC
Head Start

5) During this quarter, the team followed up on the following needs:

met with staff to review results of screening
followed up on children needing screening
followed up with family of child previously evaluated to completed IFSP
met with center director to plan future activities
met with staff to introduce Camden Connection
followed up with family concerning other children

Baltimore County Infants & Toddlers - Team Leader's Meeting
August 28, 1998

Action Plan Review

Changes Made During the Last Year

- Teams doing pre-assessment home visits with families; may take place at intake visit; one or more teams doing preparation phone calls ✓
- Number of no-shows decreased for assessment ✓
- Parent coordinators are more involved in team process; many doing intake/prep visits ✓
- Teams use one or two staff for intake frequently parent coordinator or nurse ✓
- Some teams doing arenas; others practiced arenas ✓
- Piloted a new assessment instrument; did additional inservice on assessment; reviewed assessment instrument for cultural bias ✓
- A post-evaluation contact is done by the parent coordinator to review family satisfaction with process ✓
- Limited initial information so as not to overwhelm families ✓
- More natural environments; child care agencies participating on board; more consults in child care, improving the environment for all children; doing inservice; ✓
- Using center-based groups more for efficiency

Problems/Issues

- Increased numbers and less funding
- Bureaucracy; climate; perceptions about the costs of early intervention and the need to cut special education costs
- Pull in two directions; in and out of natural environments
- Need for services after hours for working families

Areas to Work On

- Time for teaching and learning across disciplinary boundaries
- Time for collaboration and consultation
- More services in natural environments
- Transition

Trans/Team Outreach Follow-Up Questionnaire

Team Name: CALVERT CTY, MD Date Completed: 11/17/98

Team Members Completing Questionnaire: WYNNE MAKSIMOVIC
JoAnn Williams
Cathy Robbins

Your early intervention team received training and technical assistance from Trans/Team Outreach this past year. The purpose of this follow-up questionnaire is to determine how well your team's inservice needs were met, and how much team members' knowledge and skills were increased as a result of Trans/Team Outreach's assistance.

Please complete this as a team. Your comments are particularly valuable to our evaluation.

After completion, return this questionnaire to:

Trans/Team Outreach
Child Development Resources
P.O. Box 280
Norge, VA 23127

Call Adrienne Frank or Michele Taylor Stuart at (757) 566-3300 for any assistance.

I. ***Please rate the following questions about Trans/Team's overall effectiveness.***

Comments

1. How well did Trans/Team assess your team's needs for inservice training, prior to training?

1 Not at all 2 3 Partially 4 (5) Completely

2. To what extent did the Trans/Team training meet your team's needs for inservice training?

1 Not at all 2 3 Partially 4 (5) Completely

3. How helpful was it to develop an action plan for your team?

1 Not Useful 2 3 Somewhat 4 (5) Very Useful

4. As a result of Trans/Team's services, how much change in team member's behavior or program practice occurred?

1 No Change 2 3 Moderate Change (4) 5 Significant Change

5. How useful were the materials and resources, provided by Trans/Team Outreach for helping the team make programmatic changes?

1 Not Useful 2 3 Somewhat 4 (5) Very Useful

6. How useful were the materials and resources for orienting new staff and families to your team's practices?

1 Not Useful 2 3 Somewhat (4) 5 Very Useful

II. *For each of the following items, indicate how much your team's knowledge and skills were increased and whether your team has additional needs in each area.*

		No Increase	*Modest Increase*	*Substantial Increase*	*ADDITIONAL NEEDS*
a.	Family-Centered Service Delivery (families as decision-makers, communicating with families, family systems, and/or cultural competence)	–	–	✓ –	–
b.	Transdisciplinary Approach (philosophy, role transition, and/or primary service provision)	–	–	✓ –	–
c.	Team Development/Team Building (team decision making, conflict resolution, effective staff meetings, or action planning)	–	✓ –	–	–
d.	Interagency Collaboration (role clarification among agencies, information exchange, or written agreements)	–	✓ –	–	–
e.	Multidisciplinary Team Assessment (team planning, family participation, or play-based methods)	–	–	✓ –	–
f.	IFSP Development (regulations; family concerns, priorities, and resources, IFSP meeting, outcomes, or reports)	–	–	✓ –	–
g.	IFSP Implementation (natural environments, team consultation, center or home services, or service coordination)	–	–	✓ –	–
h.	Transition (transition plans, family or child preparation, or interagency collaboration)	–	✓ –	–	–
i.	Orientation of staff and families	–	✓ –	–	–
j.	Other, please specify: _____	–	–	–	–

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III. ***Please describe, as fully as possible, the changes that your team has made on your team action plan.***

Please review your team's written action plan and think about any other changes in service delivery that may have occurred as a result of Trans/Team Outreach's training and technical assistance

1. Describe the changes that your team has made as a result of team action planning?

We now do play-based assessments + use different assessment tools. We write team reports. We prioritize needs with family + we (re) write IFSP more often.

2. What revisions have you made in your team's action plan?

We ask family beforehand for their input on assessment. We think about natural environments more.

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3 What problems, if any, occurred?

none

4 How could Trans/Team have been of more helpful to your team?

You were fabulous + we really can't think of any other help.

5 What other training and technical assistance does your team need?

Appendix C

Changes Made in Service Delivery Practices

Changes Made in Service Delivery Practices Since Trans/Team Training (1995-1998)

The following excerpts describe changes made in service delivery practices as reported by teams after receiving Trans/Team Outreach training and technical assistance. Narrative statements were collected from the **Follow-Up Questionnaire** or **Review of Action Plan** from twenty early intervention teams in nine states.

Team Philosophy and Mission Statement

Action Plan Review

"Held series of team meetings to discuss family-centered philosophy and identify strategies; Three letters given to parents at different times to reinforce and provide information about program practices; team developed information package and program brochure to describe philosophy and services offered." (3/97 NW Baltimore Co., MD)

Developed values statements (11/96 Norfolk, VA)

Referral, Intake, and Screening Practices

Follow-up Questionnaire

"New intake form and process." (2/97 Edinburg, TX)

"By May 98, screening procedure was changed to one, rather than three, staff." (8/98 KIPP, Washington, DC)

Action Plan Review

"Limited initial information so as not to overwhelm families; teams use one or two staff for intake frequently parent coordinator or nurse"(8/28 Baltimore Co. MD)

Pre-Assessment

Follow-up Questionnaire

"Implemented service coordinator meeting family prior to eligibility eval for pre-assessment; Wrote pre-assessment checklist for service coordinator" (11/97 Families First/Catch, Portsmouth,NH)

"Using folders to hold information for families'(8/98 St. Mary's Co., MD)

"Implemented pre-assessment visits with all staff participating; evaluated effectiveness of pre-assessment visits" (8/98 Central Baltimore Co, MD)

"Pre-assessment home visit; family orientation procedures" (8/98 SE Baltimore Co, MD)

"Used the pre-assessment meeting; developed a site pamplet and introductory parent packet" (8/98 NW Baltimore Co, MD)

"A pre-assessment home visiting plan was designed and implemented; prepare family for evaluation and IFSP development" (8/98 SW Baltimore Co, MD)

"We ask family beforehand for their input on assessment" (11/98 Calvert Co., MD)

Action Plan Review

"Teams doing pre-assessment home visits with families; may take place at intake visit; one or more teams doing preparation phone calls; parent coordinators are more involved in team process; many doing intake/prep visits" (8/28 Baltimore Co. MD)

"Parents now complete health summary with nurse prior to assessment and begin process of identifying their outcomes in order to be better prepared for IFSP meeting." (3/97 NW Baltimore Co, MD)

"Two people go out to family - team really likes process and it has helped to shorten the assessment time needed; some assessments done at home, some in center" (1/98 SE Baltimore Co, MD)
"Doing pre-assessment home visit and beginning IFSP as home visit" (1/98 SW Baltimore Co, MD)
"initial phone, intake process at Regional Site" (8/96 Montgomery, MD)

Assessment

Follow-up Questionnaire

"One 'mini team' working with a family from assessment through intervention services has increased family involvement & participation." (1/97 - Mid. County, Montgomery, MD)
"Family and child assessments were chosen for initial and annual." (8/98 KIPP, Washington, DC)
"Better use of clinical opinion, a little more play-based assessment; ordered toys for assessment"(8/98 St. Mary's Co., MD)
"Implemented assessment team scheduling" (8/98 Central Baltimore Co.MD)
"Arena assessment" (8/98 SE Baltimore Co, MD)
"Have reviewed and piloted various assessment tools" (8/98 NW Baltimore Co, MD)
"Increased frequency of TD assessment with at least 2 assessors" (8/98 NE Baltimore Co, MD)
"We now do play-based assessments and use different assessment tools" (11/98 Calvert Co., MD)

Action Plan Review

"Number of no-shows decreased for assessment; some teams doing arenas, others practiced arenas; piloted new assessment instrument; did additional inservice on assessment; reviewed assessment instrument for cultural bias" (8/98 Baltimore Co, MD)
"Staff ... use AEPS parent reporting instrument." (3/97 NW Baltimore Co., MD)
"Doing TD arena assessment - some roles rotated" (1/98 SW Baltimore Co, MD)
"Did transdisciplinary assessment with one family and did go smooth." (3/97 Monroe County team, TEIS Knoxville, TN)
"Practiced arena with a typically developing child" (3/98 St. Marys County MD)
"Utilizing play-based assessment... IFSP in place immediately after MDE..." (7/98 Springfield, VA)

Post-Assessment/IFSP Meeting

Follow-up Questionnaire

"Staff and families found assessment followed by IFSP to be rewarding and efficient." (8/98 KIPP, Washington, DC)
"More team decision making; talking directly after assessment; more terminology is explained by contract therapists to families" (8/98 St. Mary's Co., MD)
"We prioritize needs with family and we (re)write IFSP more often" (11/98 Calvert Co, MD)

Action Plan Review

"More flexibility in time and place of IFSP meetings based on family needs" (3/97 NW Baltimore Co., MD) "Have done some arena assessments" (1/98 Central Baltimore Co, MD)
"Using strengths and concerns format; ask everyone to contribute; families more forthcoming; therapists sharing more with families " (8/98 Bryan, TX)
"Included daily care-giving routine as part of strategies on IFSP..." (7/98 Springfield, VA)

Assessment Report/IFSP

Follow-up Questionnaire

"Teams are more confident about developing family-friendly IFSP, ie. Some are hand writing instead of typical report-perfect style." (1/98 Nashua, NH)

"Changed way we write integrated summary; changed IFSP form." (2/97 Edinburg, TX)

"More family-centered with writing of IFSP; written reports more family friendly - less jargon" (11/97 Families First/Catch, Portsmouth, NH)

"New IFSP form" (2/97 Edinburg, TX)

"Family-focused instead of therapy focused IFSPs (11/98 Norfok, VA)

"We write team reports" (11/98 Calvert Co, MD)

Action Plan Review

"New IFSP form" (1/97 Norfolk, VA)

"New IFSP form" (4/98 Jackson, MS)

Developed new IFSP form on NCR paper, parent gets a copy" (8/98 Bryan, TX)

Transdisciplinary Teaching and Learning /Team Consultation

Follow-up Questionnaire

"The team has changed the format of team meetings by allowing more opportunities for peer teaching. As a site, we also divided into mini-teams to provide more effective means of collaborating among team members. More varied approach to source needs considering the 'whole child's' profile and family style or preference." (1/97 Montgomery-Down Co., MD)

"Assessors role releasing and role extending for assessments and service" (8/98 NE Baltimore Co, MD)

Team Building

Follow-up Questionnaire

"Better pre-plan team meetings. Now have mini-team meetings. More time to discuss cases." "Large team split into 2 teams due to geographical areas."(1/97 Montgomery- Up-County, MD)

Action Plan Review

"Team meets regularly to review team process and problem-solve around identified issues." (3/97 NW Baltimore Co. MD)

"more cohesive team" (2/27/98 Norfolk, VA)

"Scheduled monthly meetings for team work and action plan review." (3/98 St. Marys County, MD)

"More memos (instead of verbal); use E-mail; new referral forms are sent to therapists and billing; now talk to therapists directly" (8/98, Bryan, TX)

Natural Settings

Follow-up Questionnaire

"use of community groups has increased" (11/97 Families First/CATCH, Portsmouth, NH)

"AB Center Collaboration" (8/98 Baltimore Co, MD)

"We think about natural environments more" (11/98 Calvert Co, MD)

Action Plan Review

"More natural environments; child care agencies participating on board; more consults in child care; improving environment for all children; doing inservice" (8/98 Baltimore Co, MD)

Interagency Collaboration

Follow-up Questionnaire

"Orientation for (contract) therapists" (11/98 Norfolk, VA)

Transition

Follow-up Questionnaire

"interagency contracts completed (formal & informal); more organized with transition." (11/97 Families First/CATCH, Portsmouth, NH)

Action Plan Review

"Have held several 'transition breakfasts' with most of the key players present, have used these for discussions and sharing of information; have also developed transition agreement with Nashua public schools and EI programs.." (6/96 Nashua, NH)

"Transition process has improved dramatically and breakfasts continue to be well attended; communication is very good between EI and public schools (1/98 Nashua, NH)

"Parents complete survey upon transition from program."(3/97 NW Baltimore Co., MD)

"Transition at age three" (8/96 Montgomery, MD)

Evaluation

Follow-up Questionnaire

"We focus on team functioning, spend time evaluating practices, and at each formal activity (staff meeting, evaluation, joint home visit) encourage/provide time to debrief" (11/97 Richie McFarland, Portsmouth, NH)

"parent satisfaction survey implemented for CATCH families" (11/97 Families First/CATCH, Portsmouth, NH)

"Developed follow-up letters for families that are given out at certian times to remind them of and support our delivery model; reviewed and piloted parent questionnaires" (8/98 NW Baltimore Co, MD)

Action Plan Review

"Used adapted T/T materials for an inservice this fall" a measure of "successful team members and TD attitudes." "Streamlining the initial process for families" Action plan contains a step-by-step process for "initial phone, intake process at Regional site, assessment/evaluation for eligibility, monitor early intervention service, transition at age three, and staff training." (Montgomery Co. MD)

"A post-evaluation contact is done by the parent coordinator to review family satisfaction with process" (8/98 Baltimore Co, MD)

General Service Delivery

Follow-up Questionnaire

"Development of 'mini teams' among staff has increased continuity of service planning" (1/97 Montgomery- Mid County, MD)

"More individualized services; services fit better"(8/98 St. Mary's Co.,MD)

"Approx. 80% of families in TD model (will probably always be some for whom it is not appropriate or agreeable)" (8/98 NE Baltimore Co, MD)

"Developed an orientation manual, planning orientation for all therapists and new staff" (11/98 Norfolk, VA)

Action Plan Review

"Specific needs of family & child dictate which team will be working with families." (1/97 Montgomery - Mid. County, MD)

"Streamlining the initial process for families" Action plan contains a step-by-step process for "initial phone, intake process at Regional Site, assessment/evaluation for eligibility, monitor early intervention service, transition at age three, and staff training."(1/97 Montgomery, Action Plan Review)

As a result of Trans/Team technical assistance, the Southern New Jersey Regional Early Intervention Collaborative established **the Camden Connections Project**. The project has a transagency agreement, meets quarterly, and uses continuing action plans. (See Appendix B)

"Camden's Special Child Health Services (home of service coordination) has recently received funding earmarked for Camden Connections to hire an additional service coordinator to focus on Camden City."

"They will be able to locate service coordinators within the inner city and to purchase support materials, such as cellular phones and laptop computers." (9/98 Camden, NJ)

"The development of three active Trans/Team community projects. All are developing at different rates and utilizing different premises." (12/97 TEIS Knoxville, TN)

"Have added four new team members from varying backgrounds; they will be called interventionists and will be an extension of the assessment team. They will work as the service delivery link of our team in providing services to primary care givers in natural settings." (3/97 Jackson, MS)

"Four interventionists hired" to implement transdisciplinary services. (4/98 Jackson, MS)

11/98